



STIC Search Report

EIC 3700

STIC Database Tracking Number: 148722

TO: William H Matthews

Location:

Art Unit: 3738

Friday, March 25, 2005

Case Serial Number: 10/722109

From: John Sims

Location: EIC 3700

RND 8B31

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Search Notes

Howie—

I don't find the use of a tube. I've attached a few references, however, which might be tangentially useful.



HowieM

ANSWER 9 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1966:414397 HCAPLUS
DOCUMENT NUMBER: 65:14397
ORIGINAL REFERENCE NO.: 65:2700g-h
TITLE: Intestinal absorption of vitamin B12 in rats with
gastric resection or gastric diversion
AUTHOR(S): Lambert, R.; Vouillon, G.; Martin, P.; Amiel, J.;
Site, J.
CORPORATE SOURCE: Hop. E. Herriot, Lyons, Fr.
SOURCE: Comptes Rendus des Seances de la Societe de Biologie
et de Ses Filiales (1965), 159(11), 2212-17
CODEN: CRSBAW; ISSN: 0037-9026
DOCUMENT TYPE: Journal
LANGUAGE: French

AB Fifteen nanograms of ⁵⁸Co-labeled vitamin B12 was given orally to rats prepared in various ways and the proportion of the radioactivity lost in the feces was determined. In normal intact rats this was .apprx.50%. In rats with stomach totally removed and the esophagus anastomosed with the intestine 3 months previously, the loss was 90% or more, indicating negligible absorption of the vitamin. In other rats with the stomach left in place but disconnected from the esophagus, and the esophagus connected to the intestine, so that food bypassed the stomach but stomach secretion could enter the intestine, absorption of the vitamin was very slight and nearly all was lost in the feces.

8/3,K/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0003848634 BIOSIS NO.: 198375032577

EFFECT OF VAGOTOMY ON GASTRIC ACID SECRETION IN THE RAT

AUTHOR: HAKANSON R (Reprint); HEDENBRO J; LIEBERG G; VALLGREN S

AUTHOR ADDRESS: DEP PHARMACOLOGY, UNIV LUND, SWEDEN**SWEDEN

JOURNAL: Acta Physiologica Scandinavica 115 (1): p135-140 1982

ISSN: 0001-6772

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: The effects of pentagastrin, histamine or feeding on gastric acid secretion were studied in conscious rats with total gastric **bypass**, achieved by transection of the cardia and pylorus, followed by an **esophago**-duodenostomy. After closure of the cardia, the **bypassed** stomach was **connected** to the small **intestine** through a Roux-en-Y loop. A chronic gastric fistula was fitted into the rumen. Basal acid output was low in chronically vagotomized rats, being...

...innervated group. In previous studies on acid secretion in vagotomized rats with chronic gastric fistulas, neither basal nor stimulated acid secretion could be detected. Apparently, **bypassing** the stomach eliminates sources of error associated with the conventional gastric fistula technique (for instance, neutralization of acid gastric juice by swallowed saliva or regurgitated...

...acid secretion was blocked by atropine and cimetidine in both the innervated and denervated rats. Feeding caused a significant inhibition of acid secretion in the **bypassed**, innervated stomach. In the denervated stomach feeding was without effect. The mechanism behind the postprandial inhibition of acid secretion in the innervated stomach is obscure. Direct vagal inhibition as well as humoral substances, liberated by vagal stimulation or by the presence of food in the **intestine**, may be responsible.

8/3,K/3 (Item 1 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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12086161 PMID: 9446367

[Iatrogenic injuries of the cardia antireflux system]

Jatrogenne uszkodzenia mechanizmu antyrefluksowego wpustu.

Lewandowski A; Knast W; Strutynska-Karpinska M; Ciesielska A; Temler M
Katedry i Kliniki Chirurgii Przewodu Pokarmowego Akademii Medycznej we
Wroclawiu.

Wiadomosci lekarskie (Warsaw, Poland - 1960) (POLAND) 1997, 50 Suppl 1
Pt 1 p263-8, ISSN 0043-5147 Journal Code: 9705467

Publishing Model Print

Document type: Clinical Trial; Journal Article ; English Abstract

Languages: POLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

... 11 patients required one corrective surgery, 4-two operations, and 1-three operations. As a final procedure: in 2 cases artificial oesophagus was formed with intestinal graft, in 8 cases the cicatrical part of the oesophagus was excised and replaced by a pedunculated graft by Merendino method, in 3 cases esophagogastric anastomosis were done using Heyrowsky method, in 2 cases bypass was made from pedunculated part of jejunum which connect the part of oesophagus above the narrowing with the prepyloric part of the stomach by the own method, in 1 case intrathoracic esophagogastric anastomosis was performed. The best results were obtained by oesophagogastric bypass .

13/3,K/1 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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13007856 EMBASE No: 2005067589

Laparoscopic Roux-en-Y gastric bypass with 2-metre long biliopancreatic limb for morbid obesity: Technique and experience with the first 150 patients

Leifsson B.G.; Gislason H.G.

Dr. H.G. Gislason, Department of Surgery, Landspítali University Hospital, 101 Reykjavik Iceland

AUTHOR EMAIL: hjorturg@landspitali.is

Obesity Surgery (OBES. SURG.) (United States) 2005, 15/1 (35-42)

CODEN: OBSUE ISSN: 0960-8923

DOCUMENT TYPE: Journal ; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 41

Laparoscopic Roux-en-Y gastric bypass with 2-metre long biliopancreatic limb for morbid obesity: Technique and experience with the first 150 patients

Background: Laparoscopic Roux-en-Y gastric bypass (RYGBP) is being performed widely as a treatment of choice for morbid obesity. We present our method and experience with the first 150 consecutive cases...
...strict multidisciplinary behavioral program. At operation the stomach was transected proximally with a linear stapler (60-mm, Endo-GIA) to create a prolongation of the esophagus (gastric tube) along the lesser curvature, resulting in a 40-50 ml pouch. Two meters of the proximal jejunum were bypassed (BP-limb), creating an antecolic Roux-en-Y gastro-jejunostomy to the posterior wall of the gastric tube using a 45-mm linear Endo-GIA...

MEDICAL DESCRIPTORS:

*laparoscopic surgery; *Roux Y anastomosis; *stomach bypass ; *morbid obesity--surgery--su; *morbid obesity--therapy--th

13/3,K/2 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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00566394 EMBASE No: 1976122022

Reversed gastric tube (RGT) esophagoplasty for failure of colon, jejunum and prosthetic interpositions

Heimlich H.J.

Esophagus Cent., Jewish Hosp., Cincinnati, Ohio 45229 United States

Annals of Surgery (ANN. SURG.) 1975, 182/2 (154-160)

CODEN: ANSUA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

Reversed gastric tube (RGT) esophagoplasty is preferred by the author as the primary procedure for esophageal replacement. Many patients undergoing RGT esophagoplasty, however, have previously had multiple operative procedures. A...

...of these had strictured, 1 had partially sloughed leaving a cervical salivary fistula, and in 1 the proximal end was never patent. In each instance, bypass with RGT was performed without resecting the colon transplant. The colon had necrosed and was removed in 2 patients. Of the

remaining 3 patients, in...

...sloughed and two had free jejunal transplants, 1 of which had impaired vascularity and the other had fibrosed. The specific techniques used to reconstruct the esophagus by reversed gastric tube esophagoplasty, as they relate to this particular group of patients, are described.

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8/3,K/2 (Item 2 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
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04536133 SUPPLIER NUMBER: 08816535 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Adult enteral nutrition for the practicing pharmacist. (Trends and Issues
in Pharmacy Practice) (continuing education article; includes test
questions and related information)
Bertch, Karen E.
Drug Topics, v134, n5, p58(11)
March 5, 1990
ISSN: 0012-6616 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT
WORD COUNT: 6035 LINE COUNT: 00521

... practical advantages. Enteral feeding is preferable when the gastrointestinal tract is functional and accessible, because it maintains the structural and functional integrity of the small intestine. In addition, it preserves the normal physiologic sequence of nutrient absorption, metabolism, and utilization prior to delivery to the systemic circulation. Thus, many clinicians practicing...

...of patients who may be considered candidates for enteral nutrition support.

There are several contraindications to the use of enteral nutrition support. These include complete intestinal or gastric obstruction, paralytic ileus, any abdominal distention, peritonitis, severe malabsorption syndromes, gastrointestinal hemorrhage, intractable vomiting, and large high-output fistulas. Enteral nutrition is avoided...

...that the patient is capable of consuming the supplements and willing to cooperate. Alternate routes for feeding through the gastrointestinal tract include nasogastric, nasoduodenal, nasojejunal, esophagostomy or pharyngostomy, gastrostomy, and jejunostomy.

The first three--and most frequently used--enteral feeding routes are accessed ...the patient. Many of the currently available tubes have mercury- or tungsten-weighted tips to help facilitate passage through the pylorus and into the small intestine after entry into the stomach.

If placement of the tube becomes technically difficult, metoclopramide 10 to 20 mg orally or intravenously may be given prior...

...for noncontinuous or bolus nutrient administration, as well as less clogging potential.

A variety of factors influence the decision on whether to feed into the stomach (nasogastric or gastrostomy tube) or small intestine (nasoduodenal, nasojejunal, or jejunostomy tube). The stomach has a large reservoir capacity, allowing it to tolerate a variety of formulas and accept high osmotic loads more easily than the small intestine. When feeding directly into the small intestine, the normal dilutional mechanisms of the stomach are bypassed. This means a greater chance of abdominal distention, cramping, or diarrhea.

A major disadvantage of the nasogastric route when compared with feeding directly into the small intestine is that there seems to be a greater risk for reflux and aspiration of the formula. Thus, nasogastric feedings are often employed in patients who...

...to the patient's enteral access tube. The administration system consists of a feeding container attached to an extension set that may or may not connect to an enteral pump infusion set. Nutrients are given over 18 to 24 hours a day. This type of feeding method is generally needed for...

...Bolus feeding is the administration of 200 ml or more of enteral formula over a few minutes. This method is used primarily in patients with **esophagostomies** or gastrostomies and those with intact stomachs and normal gastric emptying patterns. Advantages of this method include minimal administration time and equipment, as well as...from intravenous containers.

Closed enteral feeding systems are becoming more readily available. These supply ready-to-deliver formula in a prefilled pouch. Administration tubing sets connect the feeding container to the feeding tube. These sets should be easily distinguished from intravenous sets, have adequate length, be adaptable to many feeding containers...with a known lactase deficiency. Primary lactase deficiency is common in Orientals, Jews, Indians, and blacks. Secondary lactase deficiency may be due to malnutrition or **intestinal** infection and inflammation, while a relative lactase deficiency may result from short bowel syndrome or gastric surgery. When given milk or products containing lactose, these...in this group, Enrich and Jevity, are unique because they contain significant amounts of fiber. Fiber has the ability to regulate bowel function by moderating **intestinal** transit time in individuals with altered transit conditions. Some clinicians empirically try these products in tube-feeding patients with diarrhea or constipation.

Reabilan, Reabilan HN...tube malposition, dislodgement, or rupture, and improper patient positioning during feeding. Preventive measures consist of elevating the patient's head and feeding into the small **intestine** via continuous infusion.

Metabolic complications of enteral nutrition may range from glucose intolerance, electrolyte abnormalities, dehydration, or fluid overload to essential fatty acid deficiency. Patients...

...modifications will need to be made to the formula because of the patient's clinical condition.

Finally, mechanical complications may include pharyngeal irritation, otitis media, **esophageal** erosion, tube displacement, and obstruction of the feeding tube. If **esophageal** erosion occurs, the tube must be removed. Clogged tubes may result from the common practice of using feeding tubes for drug delivery; this is likely...

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=> d his

(FILE 'HOME' ENTERED AT 15:22:20 ON 23 MAR 2005)

FILE 'HCAPLUS' ENTERED AT 15:22:32 ON 23 MAR 2005

L1	3574	S	(ESOPHAG? OR AESOPHAG?) AND INTESTINE#
L2	178795	S	BYPASS? OR IMPLANT?
L3	373042	S	CONNECT## OR ATTACH##
L4	468225	S	TUBE# OR TUBULAR
L5	503	S	(GASTRO? OR STOMACH#) (S) L2
L6	1	S	L1 AND L2 AND L3 AND L4
L7	3	S	L4 AND L3 AND L1
L8	6	S	L5 AND L2 AND L1
L9	9	S	L7 OR L8
L10	228092	S	INTESTIN?
L11	14384	S	ESOPHAG? OR AESOPHAG?
L12	3929	S	L10 AND L11
L13	3929	S	L1 OR L12
L14	45	S	L13 (5W) L3
L15	3	S	L4 AND L14
L16	0	S	L15 NOT L7

? show files;ds

File 16:Gale Group PROMT(R) 1990-2005/Mar 22

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File 160:Gale Group PROMT(R) 1972-1989

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File 148:Gale Group Trade & Industry DB 1976-2005/Mar 22

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File 621:Gale Group New Prod.Annou.(R) 1985-2005/Mar 22

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Set	Items	Description
S1	.135708	BYPASS?? OR IMPLANT??
S2	80842	GASTRO? OR GASTRI? OR STOMACH?
S3	1545462	CONNECT???
S4	6855	ESOPHAG? OR AESOPHAG?
S5	17006	INTESTIN?
S6	670	S4 AND S5
S7	1258	S2(S)S1
S8	2	S3 AND S6 AND S7
S9	221600	TUBE? ? OR TUBULA? OR LUMEN? ?
S10	30	S9 AND S3 AND S6
S11	30	S8 OR S10
S12	27	RD (unique items)
S13	8	S1 AND S2 AND S9 AND S3 AND S4 AND S5
S14	8	RD (unique items)
S15	0	S14 NOT S8 NOT S11

? show files

File 2:INSPEC 1969-2005/Mar W2
(c) 2005 Institution of Electrical Engineers
File 5:Biosis Previews(R) 1969-2005/Mar W2
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File 34:SciSearch(R) Cited Ref Sci 1990-2005/Mar W2
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File 35:Dissertation Abs Online 1861-2005/Feb
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File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
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File 73:EMBASE 1974-2005/Mar W2
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File 155:MEDLINE(R) 1951-2005/Mar W3
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File 94:JICST-EPlus 1985-2005/Feb W1
(c) 2005 Japan Science and Tech Corp(JST)
File 144:Pascal 1973-2005/Mar W2
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File 441:ESPICOM Pharm&Med DEVICE NEWS 2005/Feb W2
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? show files;ds

File 347:JAPIO Nov 1976-2004/Nov(Updated 050309)

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File 350:Derwent WPIX 1963-2005/UD,UM &UP=200519

(c) 2005 Thomson Derwent

Set	Items	Description
S1	142435	BYPASS? OR IMPLANT??
S2	3612288	CONNECT???
S3	43614	GASTRO? OR GASTRI? OR STOMACH?
S4	3796	ESOPHAG? OR AESOPHAG?
S5	985084	TUBE?? OR TUBULA? OR LUMEN? ?
S6	9142	INTESTINE? ?
S7	501	S4(S)S6
S8	608	S3(S)S1
S9	36	S2(S)S7
S10	5	S8 AND S9
S11	9	S5 AND S9
S12	11	S10 OR S11